

## **GOVERNMENT DEVELOPMENT BANK SMALL BUSINESS DEVELOPMENT AGENCY**

PLEASE FILL IN ALL THE BLANKS AND INITIAL EACH PAGE IN THE UPPER RIGHT CORNER

INITIALS\_\_\_\_

## **LOAN APPLICATION**

| AN IN | NTERMEDIARY IS NOT NECESSARY TO PROCESS YOUR APPLICATION |           |              |  | APPLICATION NUMBER    |             |                    |             |
|-------|--|-----------|--------------|--|-----------------------|-------------|--------------------|-------------|
| Ref   | erred by:  |           |              |  |                       |             |                    |             |
| Age   | ency:  |           |              | 6.   | AFFILIATED BUSI       | NESS (if ar | ıy)                |             |
| Pro   | moter:   |           |              |  | Physical Address_     |             |                    |             |
| Ind   | vidual's Social security Numb                            | er:       |              |  | City                  |             | State              | Zip Code    |
| Dat   | e of Birth:  |           |              |  | Mailing Address       |             |                    | •           |
| Bus   | iness EIN No.:   |           |              |  | g / .a.a. coc         |             |                    |             |
| Tel   | ephone Number:   |           |              |  | City                  |             | State              | Zip Code    |
| Fax   | Number   |           |              | 7  | COMPANY DATA          |             |                    |             |
| 4     | ADDI ICANT (COMDANY)                                     |           |              | 7.   | COMPANY DATA          | _           |                    |             |
| 1.    | APPLICANT (COMPANY)                                      |           |              |  | Type of Business:     |             | For Profit Corp    | oration     |
|       |  |           |              |  |                       |             | Partnership        |             |
|       |  |           | <del>-</del> |  |                       |             | Individual         |             |
| 2.    | CONTACT PERSON   |           |              |  | 5                     |             | Other              |             |
|       | Name:  |           |              |  | Date established:     |             | Date operation     | s began:    |
|       | Position:  |           |              |  |                       | -           |                    |             |
| 3.    | PHYSICAL ADDRESS   |           |              | Describe the industry in which you operate or intend to op |                       |             | intend to operate: |             |
|       |  |           |              |  |                       |             |                    |             |
|       | City   | State     | Zip Code     | 8.   | FACILITIES            | Own         |                    |             |
| 4.    | MAILING ADDRESS  |           |              |  |                       | Leased      |                    |             |
|       |  |           |              |  |                       | Lessor      |                    |             |
|       |  |           |              |  |                       | Monthly F   | ee                 |             |
|       | City   | State     | Zip Code     |  |                       | Length of   | Contract           |             |
| 5.    | USE OF FUNDS:  |           |              | 9.   | NUMBER OF EMP         | LOYEES      |                    |             |
|       | a. Construction of Building Imp                          | rovements | \$           |  | Current               |             |                    |             |
|       | b. Purchase of Machinery & Eq                            | uipment   | \$           |  | Projected Growth      |             | =                  |             |
|       | c. Working Capital                                       |           | \$           |  | •                     |             |                    |             |
|       | d. Others (Describe on separat                           | e sheet)  | \$           | 10.  | TAX EXEMPTION         |             |                    |             |
| TO    | TAL AMOUNT REQUESTED                                     |           | \$           |  | a. Have you applied   | for tax exe | emption?           |             |
| Tota  | al Cost of Project                                       |           |              |  | Yes                   | NO          |                    |             |
| \$    | <u>.</u>   |           |              |  | b. When?              |             |                    |             |
| Bus   | iness Owner(s) Investment (25%                           | minimum)  |              |  | c. If your business r |             |                    |             |
| \$    |  | ,         |              |  | Date                  |             | conomption, inc    |             |
| Ter   | m (yea   | ars)      |              |  | Dali                  | <b>.</b>    |                    | <del></del> |

| Period covered:                     |                    |
|-------------------------------------|--------------------|
| Economic Development Authority      | INITIALS           |
| 11. Collateral offered as guarantee | APPLICATION NUMBER |

| Description/Location | Date<br>Acquired | Original Cost | Actual Value | Estimated<br>Value | Mortgage Holder | Mortgage<br>Balance |
|----------------------|------------------|---------------|--------------|--------------------|-----------------|---------------------|
|                      |                  |               |              |                    |                 |                     |
|                      |                  |               |              |                    |                 |                     |
|                      |                  |               |              |                    |                 |                     |
|                      |                  |               |              |                    |                 |                     |
|                      |                  |               |              |                    |                 |                     |
|                      |                  |               |              |                    |                 |                     |
|                      |                  |               |              |                    |                 |                     |

12. Banking and Commercial References

a. Include banking references and at least four (4) commercial references. You should indicate the account numbers and references, as well as the complete address.

| Name |  | Account Number Name or Reference Mailing Address |  | Telephone |
|------|--|--|--|-----------|
|      |  |  |  |           |
|      |  |  |  |           |
|      |  |  |  |           |
|      |  |  |  |           |

b. Other sources of credit for your company or business

|    | Suppliers | Tern | Maximum Credit | Maximum Credit Used | Telephone |
|----|-----------|------|----------------|---------------------|-----------|
| 1. |           |      |                |                     |           |
| 2. |           |      |                |                     |           |
| 3. |           |      |                |                     |           |
| 4. |           |      |                |                     |           |

c. Does the applicant, guarantor, stockholder, or main officers have, or ever had, a pending application with any of the entities mentioned below?

|    | Financial Institution              | Account Number | Year | Original Amount |
|----|------------------------------------|----------------|------|-----------------|
| 1. | Small Business Development Agency  |                |      |                 |
| 2. | Government Development Bank        |                |      |                 |
| 3. | Small Business Administration      |                |      |                 |
| 4. | Commercial and Agricultural Credit |                |      |                 |
| 5. | Other                              |                |      |                 |



| INITIALS           |  |
|--------------------|--|
| APPLICATION NUMBER |  |

13. Names, stockholders and contributed capital (include financial statements)

|        |                   |             |                 | Contributed | Capital |           |
|--------|-------------------|-------------|-----------------|-------------|---------|-----------|
|        | Name and Position | Citizenship | Social Security | Quantity    | (%)     | Telephone |
| 1.     |                   |             |                 |             |         |           |
| Spouse |                   |             |                 |             |         |           |
| 2.     |                   |             |                 |             |         |           |
| Spouse |                   |             |                 |             |         |           |
| 3.     |                   |             |                 |             |         |           |
| Spouse |                   |             |                 |             |         |           |
| 4.     |                   |             |                 |             |         |           |
| Spouse |                   |             |                 |             |         |           |

If you answer "Yes" to questions 14 through 16, please explain in a separate sheet of paper. 14. Judicial lawsuits, tax lawsuits, bankruptcy a. Is there any lawsuit pending or placed or placed against the company, business, its owner, stockholders, guarantors, or company officers? Yes NO b. Has the firm, its main stockholders, guarantors, key officials or the business owner ever been subject to bankruptcy or Yes № □ insolvency proceedings? № □ c. Do you owe any income or property tax? Yes You must submit certification from the Bureau of Internal Revenue (Internal Revenue Collector's Office) and a copy from the Department of Finance or copies of paid property tax bills. 15. Have the principals, stockholders, guarantors or main officers ever been accused or convicted of any criminal offense, beside violation to Yes NO traffic laws? 16. Does any officer, principal, stockholder, guarantor, business owner, or relative work, or has ever worked for GDB/SBDA? Yes NO 17. If the loan is approved, would you object to the use of your name by this Bank for advertising (or public relations) purposes? Yes NO ☐ Newspaper Radio Television 18. How did you learn about the services of the GDB/SBDA? ☐ Relatives Referred by \_ ☐ Friends Your initial interview was with:\_

Bank Officer



| INITIA              | ALS |
|---------------------|-----|
| APPI ICATION NUMBER | )   |

## 19. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

| BORROWER        | ☐ I do not w  | ish to furnish  | this informa  | tion                | CO-BOR         | ROWE   | R I do not wish          | to furnish this in  | formation          |  |
|-----------------|---|-----------------|---------------|---------------------|----------------|--------|--------------------------|---------------------|--------------------|--|
| ETHNICITY       | Hispanic  | or Latino       | ☐ Not Hispa   | anic or Latino      | ETNICIT        | ГΥ     | Hispanic or Lat          | ino 🗖 Not F         | Hispanic or Latino |  |
| RACE            | American India  | n or Alaska Na  | tive          | Asian               | RACE           |        | American Indian or A     | Alaska Native       | Asian              |  |
|                 | ☐ Black or Africa   | n American      |               | White               |                |        | Black or African Ame     | erican              | White              |  |
|                 | ☐ Native Hawaiiar   | n or Other Paci | fic Islander  |                     |                |        | ☐ Native Hawaiian or C   | ther Pacific Island | der                |  |
|                 | <u> </u>  |                 |               |                     |                |        | <u> </u>                 | 1                   |                    |  |
| SEX             | ☐ Female  | ☐ Male          |               |                     | SEX            |        | ☐ Female ☐               | Male                |                    |  |
| If you su       | ntermediaries<br>ubmit your loan app  |                 |               |                     | Company        |        | information and include  |                     |                    |  |
|                 |   |                 |               |                     |                |        |                          |                     | <del></del>        |  |
|                 | City  | Sta             | te            | Zip Code            |                | Fee    | \$                       |                     |                    |  |
| Social S        | ecurity Number  |                 |               |                     |                |        |                          |                     |                    |  |
| I hereby author | orize the VI Econo  | mic Developn    | nent Authorit | v to supply informa | ation to the i | nforma | ation to the intermediar | v stated above.     |                    |  |
| <b>,</b>        |   |                 |               | ,                   |                |        |                          | ,                   |                    |  |
| Authorized Si   | gnature   |                 |               |                     |                |        | Date                     |                     |                    |  |
|                 | 9   |                 |               |                     |                |        |                          |                     |                    |  |
| Position        |   |                 |               |                     |                |        |                          |                     |                    |  |
|                 |   |                 |               |                     |                |        |                          |                     |                    |  |
| 21. Auditing    | Firm  |                 |               |                     |                |        |                          |                     |                    |  |
| /               |   |                 |               | (Name o             | of Auditing F  | irm)   |                          |                     | <del></del>        |  |
| Telenhone       |   |                 |               |                     |                |        | Date                     |                     |                    |  |
| Telephone       |   |                 |               |                     |                |        | Dute                     |                     | <del></del>        |  |
| I authorize the | I authorize the VI Economic Development Authority to contact my auditors, if necessary. |                 |               |                     |                |        |                          |                     |                    |  |
|                 |   |                 |               |                     |                |        |                          |                     |                    |  |
|                 |   |                 |               |                     |                |        |                          |                     |                    |  |
| Authorized Si   | gnature   |                 |               |                     | _              |        | Position                 |                     |                    |  |



By: \_\_\_\_\_(Authorized Signature)

| INITIA             | \LS |
|--------------------|-----|
| APPLICATION NUMBER |     |

|                      |  | CERTIFICATION  |  | _ |
|----------------------|--|--|--|---|
|                      | I certify that I have filed tax forms a plan | nd that I have made the corresponding pay  | /ment or taken advantage of a payment        |   |
|                      | Authorized Signature                         | Title  |  |   |
| Bank to rely in it a | nd thus extend credit to the applicant.      | city of the information submitted and of any The applicant also certified that no inform rmation constitutes a crime under the law o | ation concerning the credit risk involved ha |   |
| Signed in            |  |  | 20   |   |

| FOR EXTERNAL USE ONLY |             |
|-----------------------|-------------|
| DATE APPROVED         | EDA OFFICER |